

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33031

**Entity Name:** ALLIED PROPERTY AND CASUALTY INSURANCE COMPANY**Current Principal Place of Business:**1100 LOCUST STREET  
DES MOINES, IA 50391-1100**Current Mailing Address:**1100 LOCUST STREET  
DES MOINES, IA 50391-1100 US**FEI Number:** 42-1201931**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHIEF FINANCIAL OFFICER  
200 E. GAINES ST  
TALLAHASSEE, FL 32399-0000 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIRECTOR	Title	VICE PRESIDENT AND SECRETARY
Name	BERVEN, MARK A	Name	HORNER, ROBERT W. III
Address	ONE NATIONWIDE PLAZA	Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215	City-State-Zip:	COLUMBUS OH 43215
Title	VICE PRESIDENT-FINANCE AND TREASURER, DIRECTOR	Title	SENIOR VICE PRESIDENT-HEAD OF TAXATION
Name	CROSSER, WENDELL P.	Name	BIESECKER, PAMELA A.
Address	ONE NATIONWIDE PLAZA	Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215	City-State-Zip:	COLUMBUS OH 43215
Title	DIRECTOR	Title	DIRECTOR
Name	LEACH, MICHAEL P	Name	ROMMEL, JEFF M
Address	ONE NATIONWIDE PLAZA	Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215	City-State-Zip:	COLUMBUS OH 43215
Title	DIRECTOR	Title	DIRECTOR
Name	CLARK, THOMAS E.	Name	SMITH, ERIC E
Address	ONE NATIONWIDE PLAZA	Address	ONE NATIONWIDE PLAZA
City-State-Zip:	COLUMBUS OH 43215	City-State-Zip:	COLUMBUS OH 43215

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ROBERT W. HORNER, III****SECRETARY****04/27/2015**

Electronic Signature of Signing Officer/Director Detail

Date